2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 730104

Entity Name: J.L. GOLIGHTLY CHAPTER 32, DISABLED AMERICAN VETERANS, INC.

Current Principal Place of Business:

2265 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2265 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 59-6151131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, BRIAN L
2265 NORTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ADJ ( ) Delete
Name: MITCHELL, BRIAN
Address: 1504 HENDREW DR
City-St-Zip: MELBOURNE, FL 32935

Title: C ( ) Delete
Name: ADAMS, PAUL
Address: 2426 KING RICHARD RD
City-St-Zip: MELBOURNE, FL 32935

Title: T ( ) Delete
Name: MITCHELL, BRIAN L
Address: 1504 HENDRIN DR
City-St-Zip: MELBOURNE, FL 32935

Title: VC ( ) Delete
Name: MASON, EARL P
Address: 1307 ENCLAVE DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADJ (X) Change ( ) Addition
Name: MITCHELL, BRIAN
Address: 1504 HENDREN DR
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. MITCHELL ADJUTANT/TREASURER ADJT 04/29/2009

Electronic Signature of Signing Officer or Director — Date